

# City of Frankfort

## POLICE DEPARTMENT

300 West Second Street, P.O. Box 697  
Frankfort, Kentucky 40602  
(502) 875-8523

**Mayor**  
H. Gippy Graham

**Police Chief**  
Walter M. Wilhoite

**Commissioners**  
Katie Flynn Hedden  
William I. May, Jr.  
Michael F. Turner  
Sellus Wilder

### FRANKFORT POLICE DEPARTMENT CITIZENS POLICE ACADEMY APPLICATION (Please print or type information)

FULL LEGAL NAME \_\_\_\_\_  
Last Name First Middle

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code)

Home Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_  
(Street Address)

Work Phone: \_\_\_\_\_

List any organizations that you are affiliated with: \_\_\_\_\_

Briefly state why you would like to be in the CITIZENS POLICE ACADEMY:

\_\_\_\_\_  
\_\_\_\_\_

#### READ

Your signature on this form indicates you are granting permission for the Frankfort Police Department to conduct a Criminal History check on you, prior to your participation in the Citizens Police Academy. It is further agreed that should this Criminal History check reveal any convictions of a criminal nature or high traffic offenses, the Frankfort Police Department may, at their discretion disallow your participation in this program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to:  
Frankfort Police Department  
300 W. Second Street  
P. O. Box 697  
Frankfort, KY 40602  
Phone: (502) 875-8523 Fax (502)-352-2069



**Equal Opportunity Employer M/F/H  
Equal Housing Opportunity**

## Frankfort Citizens Academy

I hereby certify that there are no willful falsifications, omissions or misrepresentations in the foregoing statements and answers. I understand that any omission or false statement on this application shall be sufficient cause for rejection for enrollment or dismissal from the Frankfort Police Department Citizens Academy. I also grant permission for the Frankfort Police Department to verify the information contained in this application.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Return completed application to:

Frankfort Police Department  
Attn: Chief Walter M. Wilhoite  
P. O. Box 697  
Frankfort, KY 40602  
Phone: (502) 875-8523  
Fax: (502) 352-2069

Frankfort Police Department  
Citizens Police Academy

**Photo Release**

I, the undersigned \_\_\_\_\_, a person who is 18 years of age or older, understands that the Frankfort Police Department Citizens Police Academy, its staff, agents, and assignees will be taking photographs periodically throughout the class and activities. This releases the undersigned from any claim to the photographs. The photos will be used for display for future classes or advertising.

I understand that by my signature below, I am waiving and abandoning any legal rights I may have to these photographs.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Academy Coordinator

\_\_\_\_\_  
Date